

FILED MAR 23 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 9937

BIRTH NO. REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 5999 Registrar's No. 12

## 1. PLACE OF DEATH

a. COUNTY

Ralls

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN Center, Missouric. LENGTH OF  
STAY (In this place)d. FULL NAME OF  
HOSPITAL OR  
INSTITUTION Rest Home, Center, Mo

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

Ralls

c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN Center Mo 1870d. STREET  
ADDRESS

(If rural, give location)

0

3. NAME OF  
DECEASED  
(Type or Print)

a. (First)

Charles

b. (Middle)

c. (Last)

Chatman

4. DATE  
OF  
DEATH

(Month)

(Day)

(Year)

Feb. 28, 1950

## 5. SEX

Male

## 6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

## 8. DATE OF BIRTH

Oct. 10, 1870

9. AGE (In years  
last birthday)

80

IF UNDER 1 YEAR  
Months Days

4

18

IF UNDER 1 MRS.  
Hours Min.10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR IN-  
DUSTRY

Building

## 11. BIRTHPLACE (State or foreign country)

Paris, Missouri

12. CITIZEN OF WHAT  
COUNTRY

U.S.A.

## 13a. FATHER'S NAME

John Chatman

## 13b. MOTHER'S MAIDEN NAME

Jane Bailey

## 14. NAME OF HUSBAND OR WIFE

Lizzie Wingate, sister,

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give year or dates of service)

no

none

16. SOCIAL SECURITY  
NO.

none

## 17. INFORMANT'S SIGNATURE OR NAME

Lizzie Wingate, Hunnewell, Missouri

## 18. CAUSE OF DEATH

Enter only one cause per  
line for (a), (b), and (c)

## MEDICAL CERTIFICATION

I. DISEASE OR CONDITION  
DIRECTLY LEADING TO DEATH\* (a)

Senility

INTERVAL BETWEEN  
ONSET AND DEATH  
N. A.

## ANTECEDENT CAUSES

\*This does not mean  
the mode of dying, such  
as heart failure, ashenia,  
etc. It means the dis-  
ease, injury, or complica-  
tion which caused death.Morbidity conditions, if any, giving  
rise to the above cause (a) stating  
the underlying cause last.

DUE TO (b)

Mental condition poor

Unable to care for self

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

794X

19a. DATE OF OPERA-  
TION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about  
home, farm, factory, street, office bldg., etc.)

## 21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME  
OF  
INJURY

(Month) (Day) (Year) (Hour)

## 21e. INJURY OCCURRED

WHILE AT  
WORK ☐ NOT WHILE  
AT WORK ☐

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 1950, to Feb. 27, 1950, that I last saw the deceased  
alive on Feb. 27, 1950, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

## 23a. SIGNATURE

E. T. Swan

(Degree or title)

D. O.

## 23b. ADDRESS

Perry, Missouri

## 23c. DATE SIGNED

3/20/1950

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

## 24b. DATE

Feb. 28, 50

## 24c. NAME OF CEMETERY OR CREMATORY

Olivet Cemetery

## 24d. LOCATION (City, town, or county)

Center, Missouri

(State)

DATE REC'D BY LOCAL  
REG.

3/20/50

## REGISTRAR'S SIGNATURE

Clyde W. Wilkey

## 25. FUNERAL DIRECTOR'S SIGNATURE

Clyde W. Wilkey

## ADDRESS

Center, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 22 1950  
District Health Officer No.  
District File Number 3-50-48  
Date Filed MAR 22 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Clyde C. Wiley*

Licensed Embalmer No. 3820

P. O. Address *Perry, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.